

OLMSTEAD PLAN FOR THE DISABILITY SERVICES DIVISION

UPDATE OCTOBER 2006

The Olmstead Planning Committee for the Disability Services Division chose to concentrate on key principles and practices that are necessary to have a comprehensive Olmstead Plan. The implementation of the Plan has been and is being realized through the following measures.

Ensure that appropriate stakeholders participate in the development of the plan and follow up. (Specific details of on-going consumer involvement and dialogue)

- DDP has re-established the SPAM (Strategic Planning Across Montana) process. Two meetings have been held: one in June 2006 which included many of the original members to review information from the first process in 1997 and one in October 2006 to review information from 11 town meetings held during the month of September across the State (including one in Butte specifically for People 1st members) to gather feedback concerning the future direction of services to individuals with developmental disabilities. One or two more task force meetings will be held to finalize recommendations to DDP for the 5-year strategic plan. The task force was formed with at least 50% of the membership as individuals with developmental disabilities or parents and family members to be involved in the planning process. Also included are representatives from advocacy programs (MAP and MCDD) and other State agencies whose services affect individuals with developmental disabilities, as well as staff from DDP.
- A DDP Rates Advisory Committee was formed to make recommendations to DDP regarding setting and implementing the published rates for services to individuals with developmental disabilities. Membership on the Committee represents parents, DDP service providers (adult and children's services), DDP staff from across the State, a former Legislator, and advocates (MAP and MCDD). DDP also met regularly with provider groups from the regions involved in implementing the rates system to answer questions and address their concerns.
- The Family Support Services Advisory Council (Montana's Part C Interagency Council), DDP Child and Family Providers, and the DDP Quality Council (which oversees system quality assurance for DDP) were provided updates and given

opportunities for input regarding DDP activities at each of their quarterly meetings. Members of these groups include individuals with developmental disabilities, family members, advocates, other State agencies, service providers and their staff, and DDP staff from across the State.

Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.

- Eastmont Human Services Center (Eastmont) was closed In December of 2004 with some of the individuals placed in community service opportunities created for them in Glendive and the remaining 19 people being relocated to MDC in Boulder.
- Unit C of MDC was closed in 2005 and Unit AB is to be closed by then end of 2006. This will reduce the capacity of MDC by 51 beds.
- The MDC population currently is approximately 75 residents. In the last 2 years 27 people from MDC have been placed into community services.
- In order to further facilitate the movement of individuals out of MDC, a “one in, one out” policy was developed. The program was initiated to use funds from an individual entering MDC to help another person move to community services.
- The new amendment filed for the home and community Medicaid funded services program included a Community Transition service to allow individuals to purchase items (such as furniture) to help them transition from MDC to community services.
- The Personal Support Planning process is being implemented at the facility in Boulder to allow individuals to provide input into their service plan.
- MDC has made a determined effort to help prevent admissions due to crisis situation in a person’s community placement by sending MDC staff to train community provider staff and provide crisis intervention when possible. MDC staff have provided over 50 consultations with provider agencies to help stabilize community placements and prevent admissions to MDC.
- A crisis pool of funds equaling \$200,000 of General Funds has been created that is used by DDP Regional Managers in immediate emergency circumstances to strengthen an individual’s community services in an attempt to prevent escalation and crisis situations which would in turn prevent an individual from being admitted to MDC.
- Crisis grants are awarded through DDP Central Office to individuals who need additional funds to maintain health and

safety in their community setting. In FY06 \$366,992 was used for 88 grants to 92 individuals and so far in FY07 DDP has awarded \$80,537 to 25 individuals to address crisis situations and avoid admission to MDC.

- DDP has joined a consortium from Lewis and Clark County, Jefferson County, and Broadwater County to help create a program designed to provide crisis intervention services for individuals, including those with a dual mental health/developmental disabilities diagnosis
- A DDP Direct Care Training Conference is scheduled for November 1-3 in Great Falls to provide statewide training to direct care staff in the fields of services for individuals with inappropriate sexual behaviors, nutrition and menu planning, positioning of individuals to prevent feeding problems, direct care for individuals with a dual diagnosis, and on-line direct care staff training.
- A Community Commitment Law will be presented to the 2007 Legislature that would allow individuals with serious behaviors to remain in community services with safety measures and will give the Residential Screening Team an alternative to placing the individual in MDC.
- Under the direction of the Travis D settlement a task force composed of therapists, MAP legal staff/advocate, Helena law enforcement, Lewis and Clark County Attorney, DPHHS legal staff, MDC staff and DDP staff designed and developed a community-based program for treatment of individuals with sexually offending behaviors. The program has not been selected for funding at this time.

Afford consumers and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings.

- The ongoing implementation of a new published rate system will facilitate consumer movement by resolving reimbursement inequities that previously may have limited opportunities for movement.
- Implementation of a resource allocation tool (MONA) has facilitated consumer movement by providing a consistently defined sum of monies to reimburse for services for a person.
- Implementation of Personal Supports Planning, a "person-centered" planning process, will result in individuals being given opportunities to provide more input regarding their own service choices and better tailoring of services to the needs of the consumer.

- The principal home and community Medicaid funded services program includes a form to ensure that individuals and their families/guardian are informed regarding their choice of providers. It must be signed by the individual or guardian on an annual basis.

Insure to the extent possible the availability of community integrated services.

- Federal approval was received to serve more consumers in the principal home and community Medicaid funded services program, increasing the authorized number of Medicaid funded consumers in that program from 2011 in 2005 to 2200 in 2007.
- Federal approval was granted to add new services to the principal home and community Medicaid funded services program thereby increasing service choices for consumers. Among the new services are Adult Foster Care and Assisted Living which will provide alternative living options for individuals in services.
- The community supports Medicaid funded home and community services program established in 2001 provides limited funding to a consumer to spend on a variety of services that support the consumer in living more independently in the community. Approximately 300 persons receive these services.
- Expansion dollars allocated by the 2005 Legislature are allowing individuals across the State to be moved from the Waiting List as they are screened into community services. As of June 2006, there were a total of 1303 individuals from across Montana on the DDP Waiting List.

Take steps to insure that quality assurance, quality improvement and sound management support the implementation of the plan.

- A comprehensive quality assurance process policy has been established to provide for monitoring by State employees to detect deficiencies in the delivery of services to consumers and to implement appropriate corrective measures. A standard tool has been developed to ensure consistent monitoring across the State and across services.
- A qualified provider process has been established to provide standards for provider qualification and monitoring for compliance with those standards thereby further assuring the delivery of quality services to consumers.
- A comprehensive incident management policy has been established to assure that incidents that may affect the well

being of consumers are reported to appropriate authorities, that investigations are undertaken by the trained investigators, that corrective actions are implemented in a timely manner, and that incident trends are identified and further monitoring implemented. Statewide training has been provided regarding use of the incident management system and performing investigations. A web-based incident reporting system is in the final phase of development that will allow providers and State staff to submit and monitor reports and trends on the web in a timely manner.

Extended Employment – Vocational Rehabilitation

- Development in the VR State Plan that annual reviews and re-evaluations regarding the status of each individual with a disability served under the VR Program, including Extended Employment, which may be determined to be segregated employment—i.e. in a community rehabilitation program. These cases are reviewed for two years after the individual achieves this employment outcome and thereafter if requested by the individual or, if appropriate, the individuals representative to determine the interests, priorities and needs of the individual with respect to potential competitive employment or training for competitive employment.

During the last several years, the Montana Vocational Rehabilitation Program has worked very hard with Community Rehabilitation Programs to develop community based employment opportunities for persons with significant disabilities. While still allowing for consumer choice, we continue to see the trend moving toward community based employment outcomes, and away from sheltered work. This mirrors the national trend as the current VR regulations (34 CFR, Part 361) no longer consider non-integrated employment or sheltered employment as an employment outcome. The Rehabilitation Act emphasizes, and has for some time, that employment outcomes should occur in integrated settings.